

Congress of the United States
Washington, DC 20515

PRIVACY ACT CONSENT FORM

DATE: _____

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim for any and all tax years to the offices of U.S. Congressman Jon C. Porter.

Constituent Name: _____ Address: _____

City, State, Zip Code: _____ Phone: _____

Social Security Number: _____ Claim/Case Number _____

Agency(Agencies) _____

Signature(s): _____

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list third party names here: _____

Briefly identify the difficulty you are having (attach additional page if needed):
